

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/572541

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED
AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	8		/			
5			/			
6	0		/			
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TOTAL IND.

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TOTAL CLAIMS

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AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND.

IND.

IND.

DEP.

DEP.

DEP.

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TOTAL IND.

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TOTAL CLAIMS

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